	/ OFFICEHOLDER FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	GUIDEEXPlains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 4321	2 Total pages this report: 1/13
3 CANDIDATE / OFFICEHOLDER NAME	Dr. Eugene NICKNAME LAST Finke	MI suffix	OFFICE USE ONLY Date Received S T Y C L C L C C L C C C C C C C C C C C C
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	701 La Cruz Drive	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST David NICKNAME LAST Marcus	MI 	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITI 6090 Surety Drive Suite 100 El Paso TX 79905	TE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
8 REPORT TYPE	January 15 30th day before election July 15 X 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROU 04/24/2003	Month Day UGH 05/22/200	Year 03
10 ELECTION	Month Day Year ELECTION TYPE 05/30/0003	X Runoff	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Other City Council	1
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exper Candidates are required to disclose this information onl Name		
additional pages	Address/PO Box; Apt. / Suite #; City; State; Zip	p Code	
	GO TO PA	AGE 2	

Effective 11/16/1999)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH **SUPPORT & TOTALS** COVER SHEET PG 2 14 C/OH NAME 15 ACCOUNT # (Ethics Commission filers) Dr. Eugene Finke 4321 This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may 16 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this FROM information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 NO REPORTABLE **ACTIVITY** Check here if no reportable activity occured during this reporting period. (Sign affidavid below and submit pages 1 and 2 only.) **18 CONTRIBUTION** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 150.00 **TOTALS** TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6900.00 **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ **TOTALS** 0.00 **TOTAL POLITICAL EXPENDITURES** \$ 8309.22 **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 5. LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$ 0.00 19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. **DONNA MARIE MARTINEZ NOTARY PUBLIC** STATE OF TEXAS v commission expires November 01, 2006 Signature of Candidate or Officeholder

COMEDINE A 1

DOLITICAL CONTRIBUTIONS

The Instruct	пом Guide explains how to complete this form.		1 Total pages this	•
FILER NAM Dr. Eugen			3 ACCOUNT #	(Ethics Commission filers)
Date	5 Full name of contributor uut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
05/02/2003	6 Contributor address; City; State; Zip Code 1533 N. Lee Trevino, Suite 205		250.00	
	El Paso TX 79936			
Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicabl
05/02/2003	Contributor address; City; State; Zip Code 916 Park Dr.		250.00	
-	EL Paso TX 79902			
Principal occu	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicabl
05/08/2003	Contributor address; City; State; Zip Code 4625 Ripley		250.00	
	EL Paso TX 79922			
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor out-of-state PAC(ID# Randy Brock)	Amount of contribution (\$)	In-kind contribution description (if applicable
05/01/2003	Contributor address; City; State; Zip Code 342 Lombardy Ave		125.00	
	El Paso TX 79922			
Principal occup	pation (Optional)	Employer (Optiona	ll)	
Date	Full name of contributor ut-of-state PAC(ID#Roman Bustillos)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/30/2003	Contributor address; City; State; Zip Code 6721 Pearl Ridge Drive		125.00	
	El Paso TX 79912			
Principal occup	ation (Optional)	Employer (Optiona	1)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

	The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this 4/13	
2	FILER NAME Dr. Eugene			3 ACCOUNT # 4321	(Ethics Commission filers)
1	Date	5 Full name of contributor ☐ out-of-state PAC(ID# Richard Cane)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/12/2003	6 Contributor address; City; State; Zip Code 2027 Airway Blvd		250.00	
		El Paso TX 79925			
)	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2003	Contributor address; City; State; Zip Code PO Box 26808		1000.00	
		EL Paso TX 79926			
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/19/2003	Contributor address; City; State; Zip Code 215 N. Stanton		500.00	
		El Paso TX 79901			
F	Principal occup	ation (Optional)	Employer (Options	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(04/24/2003	Contributor address; City; State; Zip Code 747 E. San Antonio Suite 103 El Paso TX 79901		2200.00	
F	rincipal occupa	ation (Optional)	Employer (Optiona	u)	,
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(05/20/2003	Contributor address; City; State; Zip Code 1701 West Avenue		250.00	
	İ	Austin TX 78701		i	
Ρ	rincipal occupa	ttion (Optional)	Employer (Optiona	1)	
					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

	The Instructi	ION GUIDE explains how to complete this form.		1 Total pages this 5/13	
	FILER NAME Dr. Eugene			3 ACCOUNT # 4321	(Ethics Commission filers)
	Date	5 Full name of contributor out-of-state PAC(ID# Robert E. Jones)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	05/22/2003	6 Contributor address; City; State; Zip Code 12100 Esther Lama		1000.00	
		El Paso TX 79936			
	Principal occup	pation (Optional)	10 Employer (Option	al)	•
	Date	Full name of contributor out-of-state PAC(ID# James McDaniell)	Amount of contribution (\$)	In-kind contribution description (if applicable
	05/09/2003	Contributor address; City; State; Zip Code 907 Crossroads		100.00	
		Houston TX 77079			
	Principal occup	ation (Optional)	Employer (Optiona	al)	
	Date	Full name of contributor uut-of-state PAC(ID# Joe Rosales)	Amount of contribution (\$)	In-kind contribution description (if applicable
	05/22/2003	Contributor address; City; State; Zip Code 9104 Mettler		200.00	
		El Paso TX 79925	,		
	Principal occupa	ation (Optional)	Employer (Optiona	ıl)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	04/24/2003	Contributor address; City; State; Zip Code		100.00	
		El Paso TX 79912	j	 	
	Principal occupa	ation (Optional)	Employer (Optiona	1)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code PO Box 220462			
		EL Paso TX 79913		! 	
f	Principal occupa	ation (Optional)	Employer (Optional)	W-10-4

POLITICAL CONTRIBUTIONS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

THE MOTHOUT	ON GUIDE explains how to complete this form.		1 Total pages this 6/13	
FILER NAME Dr. Eugene			3 ACCOUNT # 4321	(Ethics Commission filers)
Date	5 Full name of contributor ut-of-state PAC(ID# Henry Taylor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
04/25/2003	6 Contributor address; City; State; Zip Code PO Box 220462		150.00	
	EL Paso TX 79913			
Principal occup	ation (Optional)	10 Employer (Optional)	

exas Ethics Cor	nmission P.O.Box 12070 Austin, Texas	s 78711-2070	(512)463-58	<u> 1-800-325-850</u>
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages repo 7/13	rt:
2 FILER NAMI Dr. Eugene			3 ACCOUNT # 4321	(Ethics Commission filers)
Date 05/20/2003	5 Payee name Bench Ads of El Paso		7	Amount (\$) 204.00
	6 Payee address; City; State; Zip Code 6006 N. Mesa El Paso TX 79912			
Purpose of expenditure (See instructions regarding type of information required.) Advertising		9 Complete if direct experience Candidate / Officeholder n		

	El Paso TX 79912		
8 Purpose of exinformation re Advertising	rependiture (See instructions regarding type of equired.)	Complete if direct expenditure to beneat Candidate / Officeholder name	efit C/OH ** Office sought Office held
Date	Payee name		Amount
05/22/2003	H & H Mailing Payee address; City; State; Zip Code 9020 Mayflower El Paso TX 79925	e	(\$) 403.75
Purpose of ex information re Mailing	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	frit C/OH •• Office sought Office held
Date 05/22/2003	Payee name H & H Mailing Payee address; City; State; Zip Code 9020 Mayflower El Paso TX 79925		Amount (\$) 64.20
Purpose of exp information red Mailing	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH ** Office sought Office held
Date 04/24/2003	Payee name Impressions Advertising Payee address; City; State; Zip Code 442 Crown Point El Paso TX 79912		Amount (\$) 1490.90
Purpose of ove	anditure (See instructions regarding type of	Complete if direct expenditure to benef	# C/OH ::

Date	Payee name		Amount
04/24/2003	Impressions Advertising		(\$) 1490.90
	Payee address; City; State; Zip Code		
	442 Crown Point		
	El Paso TX 79912		
Purpose of exp	enditure (See instructions regarding type of uired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH " Office held
Media Purcha	ase		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruct	TION GUIDE explains how to complete this form.	1 Total pages 8/13	report:
FILER NAM Dr. Eugen		3 ACCOUN 4321	T # (Ethics Commission filers)
Date 04/24/2003 Purpose of ex	6 Payee address; City; State; Zip Code 442 Crown Point El Paso TX 79912		7 Amount (\$) 1800.00
Purpose of exinformation re Advertising	openditure (See instructions regarding type of equired.)	9 Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH ** Office sought Office held
Date	Payee name		Amount
04/24/2003	Impressions Advertising		(\$) 600.00
	Payee address; City; State; Zip Code		
	442 Crown Point		
	El Paso TX 79912		
Purpose of ex information re- Television P		Complete if direct expenditure to benef Candidate / Officeholder name O	it C/OH •• ffice sought Office held
Date	Payee name		Amount
05/08/2003	Impressions Advertising Payee address; City; State; Zip Code 442 Crown Point El Paso TX 79912		(\$) 1000.00
Purpose of exp information red Campaign su	,	Complete if direct expenditure to benefi Candidate / Officeholder name Of	t C/OH " flice sought Office held
Date	Payee name		Amount (\$)
4/24/2003	Labor Ready Payee address; City; State; Zip Code PO Box 676412		602.41
	Dallas TX 75267	į.	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruc	TION GUIDE explains how to complete this form.		1 Total pages rep 9/13	ort:
FILER NAM Dr. Euger	·· ·		3 ACCOUNT # 4321	(Ethics Commission filers)
Date	5 Payee name		7	Amount
05/08/2003	Labor Ready			(\$) 400.80
	6 Payee address; City; State; Zip Coc			
	PO Box 676412			
	Dallas TX 75267			
Purpose of e information re Campaign I		9 Complete if direct expe Candidate / Officeholder na		C/OH ** e sought Office held
Date	Payee name			Amount
04/24/2003	Joanne Lopez			(\$) 300.00
	Payee address; City; State; Zip Cod	.,		300.00
	7929 Morley Drive			
	El Paso TX 79925			
Purpose of ex	expenditure (See instructions regarding type of	Complete if direct expe	nditure to benefit C	/OH ••
information re	equired.)			
Campaign L		Candidate / Officeholder na	ame Office	sought Office held
		Candidate / Officeholder na	office	Amount
Campaign L	abor	Candidate / Officeholder na	me Office	
Campaign L	abor Payee name		me Office	Amount (\$)
Campaign L	Payee name David Marcus		me Office	Amount (\$)
Date 05/19/2003 Purpose of exinformation re	Abor Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 EI Paso TX 79905 penditure (See instructions regarding type of		nditure to benefit C/	Amount (\$) 46.88
Date 5/19/2003 Purpose of exinformation re	Abor Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 EI Paso TX 79905 penditure (See instructions regarding type of	Complete if direct exper	nditure to benefit C/	Amount (\$) 46.88
Date 5/19/2003 Purpose of exinformation resupplies Date	Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905 penditure (See instructions regarding type of quired.) Payee name David Marcus	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/	Amount (\$) 46.88
Date 05/19/2003 Purpose of exinformation resupplies	Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905 penditure (See instructions regarding type of quired.) Payee name David Marcus	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/	Amount (\$) 46.88 OH ** sought Office held Amount (\$)
Date 5/19/2003 Purpose of exinformation resupplies Date	Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 EI Paso TX 79905 penditure (See instructions regarding type of quired.) Payee name David Marcus	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/	Amount (\$) 46.88

POLIT	ICAL EXPENDITURES		\$	SCHEDULE F
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages report: 10/13	
2 FILER NAMI Dr. Eugene	-		3 ACCOUNT # ® 4321	Ethics Commission filers)
4 Date	5 Payee name		7	Amount
05/19/2003	David Marcus			(\$) 38.00
	6 Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905			
Purpose of exp information red Labor costs	penditure (See instructions regarding type of quired.)	9 Complete if direct experiments of the Candidate / Officeholder n	penditure to benefit C/Oh name Office sou	
Date	Payee name			Amount
05/19/2003	David Marcus			(\$) 35.00
	Payee address; City; State; Zip Code	e		
	6090 Surety Drive Suite 100 El Paso TX 79905			
Purpose of exp information req Labor costs	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH name Office soug	
Date	Payee name			Amount
05/19/2003	David Marcus			(\$) 3 5.00
ŀ	Payee address; City; State; Zip Code	 e		00.00
	6090 Surety Drive Suite 100 El Paso TX 79905			
Purpose of expinformation requ Labor Costs	penditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office soug	
Date	Payee name			Amount
05/19/2003	David Marcus Payee address; City; State; Zip Code			(\$) 38.00
	6090 Surety Drive Suite 100 El Paso TX 79905			
Purpose of experimental information required Labor costs	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder nar		

POLIT	ICAL EXPENDITURES	0711 2070	(012)100 000	SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages repor 11/13	t:
2 FILER NAM Dr. Eugene			3 ACCOUNT # 4321	(Ethics Commission filers)
4 Date 05/19/2003	5 Payee name David Marcus 6 Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905		7	Amount (\$) 36.00
8 Purpose of expiniformation rec Labor Costs	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder na		
Date 05/19/2003	Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905			Amount (\$) 34.00
Purpose of exp information req Labor Costs	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		
Date 05/19/2003	Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905			Amount (\$) 25.00
Purpose of exp information req Labor Costs	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder nar	nditure to benefit C/O me Office so	
Date 05/19/2003	Payee name David Marcus Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905			Amount (\$) 7.50
Purpose of experimental purpos	enditure (See instructions regarding type of ired.)	Complete if direct expen Candidate / Officeholder nar		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F Total pages report: The Instruction Guide explains how to complete this form. 12/13 2 FILER NAME ACCOUNT # (Ethics Commission filers) Dr. Eugene Finke 4321 Date 5 Payee name Amount (\$) 05/21/2003 David Marcus 384.08 6 Payee address; City; State; Zip Code 6090 Surety Drive Suite 100 El Paso TX 79905 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office held Supplies for Printing Date Amount Payee name 05/22/2003 David Marcus 11.60 City; State; Zip Code Payee address; 6090 Surety Drive Suite 100 El Paso TX 79905 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Supplies Date Payee name Amount (\$) 04/24/2003 Rosemary Melendez 50.00 City; State; Zip Code Payee address; 6090 Surety Dr. Suite 100 El Paso TX 79905 Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name Office held Office sought Campaign Labor Date Payee name Amount (\$) 05/19/2003 Rosemary Melendez 81.10 Payee address; City; State; Zip Code 6090 Surety Dr, Suite 100 El Paso TX 79905 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office held Office sought Campaign Labor

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 2 FILER NAME Dr. Eugene Finke		1	1 Total pages report: 13/13 3 ACCOUNT # (Ethics Commission filers) 4321	
		3		
4 Date 05/19/2003	 5 Payee name Elsie Morgan 6 Payee address; City; State; Zip Code 5890 Bandolero El Paso TX 79912 			7 Amount (\$) 300.00
Purpose of ex information red Campaign La	1	9 Complete if direct expen- Candidate / Officeholder nam		offit C/OH " Office sought Office held
Date 04/24/2003	Payee name Patti Pinon Payee address; City; State; Zip Code 7929 Morley Dr. El Paso TX 79925			Amount (\$) 300.00
Purpose of exp information red Campaign La	' '	Complete if direct expend Candidate / Officeholder nam		fit C/OH •• Office sought Office held